

Respondent	Number of respondents	Responses per respondent	Hours per response (minutes)	Total Burden hours
	3,600	.....	.....	560

Send comments to Susan G. Queen, Ph.D., HRSA Reports Clearance Officer, Room 14-33, Parklawn Building, 5600 Fishers Lane, Rockville, MD 20857. Written comments should be received within 60 days of this notice.

Dated: October 23, 1998.

**Jane Harrison,**

*Director, Division of Policy Review and Coordination.*

[FR Doc. 98-29111 Filed 10-29-98; 8:45 am]

BILLING CODE 4160-15-P

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Health Resources and Services Administration

#### Agency Information Collection Activities: Submission for OMB Review; Comment Request

Periodically, the Health Resources and Services Administration (HRSA)

publishes abstracts of information collection requests under review by the Office of Management and Budget, in compliance with the Paperwork Reduction Act of 1995 (44 U.S.C. Chapter 35). To request a copy of the clearance requests submitted to OMB for review, call the HRSA Reports Clearance Office on (301) 443-1129.

The following request has been submitted to the Office of Management and Budget for review under the Paperwork Reduction Act of 1995:

#### **Proposed Project: Application for NHSC Recruitment and Retention Assistance (in Use Without Approval)**

The National Health Service Corps (NHSC) of the HRSA's Bureau of Primary Health Care assists underserved communities through the development, recruitment, and retention of primary health care clinicians dedicated to serving people in health professional shortage areas.

The Application for NHSC Recruitment and Retention Assistance submitted by sites or clinicians requests information on the practice site, sponsoring agency, recruitment contact, staffing levels, service users, site's 5-year infant mortality or low birth rate averages, and next nearest site. The information on the application is used for determining eligibility of sites and to verify the need for NHSC providers. Sites must submit applications annually or when they need a provider.

Estimates of annualized reporting burden are as follows:

Type of report	Number of respondents	Responses per respondent	Hours per response	Total burden hour
Application .....	1,000	1	.75	750

Written comments and recommendations concerning the proposed information collection should be sent within 30 days of this notice to: Wendy A. Taylor, Human Resources and Housing Branch, Office of Management and Budget, New Executive Office Building, Room 10235, Washington, DC 20503.

Dated: October 23, 1998.

**Jane Harrison,**

*Director, Division of Policy Review and Coordination.*

[FR Doc. 98-29112 Filed 10-29-98; 8:45 am]

BILLING CODE 4160-15-P

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Office of Inspector General

#### Publication of the OIG's Provider Self-Disclosure Protocol

**AGENCY:** Office of Inspector General (OIG), HHS.

**ACTION:** Notice.

**SUMMARY:** This **Federal Register** notice sets forth the OIG's recently-issued Provider Self-Disclosure Protocol. This Self-Disclosure Protocol offers health care providers specific steps, including a detailed audit methodology, that may be undertaken if they wish to work openly and cooperatively with the OIG to efficiently quantify a particular problem and, ultimately, promote a higher level of ethical and lawful conduct throughout the health care industry.

**FOR FURTHER INFORMATION CONTACT:** Ted Acosta, Office of Counsel to the Inspector General, (202) 619-2078.

**SUPPLEMENTARY INFORMATION:** The OIG has long stressed the role of the health care industry in combating health care fraud, and believes that health care providers can play a cooperative role in identifying and voluntarily disclosing program abuses. The OIG's use of voluntary self-disclosure programs, for example, is premised on a belief that health care providers must be willing to police themselves, correct underlying problems and work with the

Government to resolve these matters. Based on insights gained from a pilot program undertaken as part of Operation Restore Trust, discussions with the provider community and the growing need for an effective disclosure mechanism, the OIG has now developed a more open-ended process, or protocol, for making a disclosure and allowing a health care provider to cooperative work with the OIG. Unlike the previous voluntary disclosure pilot programs, this self-disclosure protocol gives detailed guidance to the provider on what information is appropriate to include as part of an investigative report and how to conduct an audit of the matter, while setting no limitations on the conditions under which a health care provider may disclose information to the OIG.

A reprint of the OIG's Provider Self-Disclosure Protocol follows.

#### **Provider Self-disclosure Protocol**

##### *I. Introduction*

The Office of Inspector General (OIG) of the United States Department of